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OIPE TO PARENTE

Patent Attorney's Docket No. <u>003300-679</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RECEIVED In re Patent Application of AUG 2 1 2002 Mats JARKRANS Group Art Unit: 1644 **TECH CENTER 1600/2900** Application No.: 09/646,985 Examiner: David A. Saunders Filed: November 17, 2000 Confirmation No.: 3898 For: PROCESS FOR THE CONTINUOUS **PURIFICATION AND CONCENTRATION OF LEUKOCYTES** FROM BLOOD

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Encl	osed is a reply for the above-identified patent application.			
[]	A Petition for Extension of Time is also enclosed.			
[]	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.			
[X]	Also enclosed is Attachment to Amendment and Reply dated August 19, 2002			
[]	Small entity status is hereby claimed.			
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).			
	[] Applicant(s) previously submitted, on, for which continued examination is requested.			
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.			
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.			
[X]	No additional claim fee is required.			

[] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	19	MINUS 21 =	0	× \$18.00 (103) =	0.00
Independent Claims	2	MINUS 3 =	0	× \$84.00 (102) =	0.00
If Amendment adds m	ultiple depende	ent claims, add \$280	0.00 (104)	1 100 (202)	
Total Amendment Fee					
If small entity status is	claimed subt	ract 50% of Total A	monder out E-		0.00
				e	
TOTAL ADDITIONA	L FEE DUE	FOR THIS AMEN	DMENT	·	0.00

L	1	A claim fee in the ai	mount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	o. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: August 19, 2002